



SOLICITATION CAMPAIGN SUMMARY OF FINANCIAL ACTIVITIES

Mississippi Secretary of State's Office
P O Box 136, Jackson MS 39205-0136 -- (601) 359-1633

INSTRUCTIONS: *Please type or print. If space is needed, please attach additional sheets.*
Professional Fund-raisers must use this form to report financial activities for each individual solicitation campaign conducted for a charitable organization. This financial report is to be filed with the Secretary of State no more than 90 days after a solicitation campaign has been completed and/or on the anniversary date of the commencement of any solicitation campaign that lasts more than one year. *A copy of this report must be retained by both the Professional Fund-raiser and Charitable Organization for three (3) years.*

PROFESSIONAL FUND-RAISER:

Name, contact person, address and phone number

Mississippi Registration # F- _____

Name, contact person, address & phone number of charitable organization on whose behalf campaign was conducted:

Mississippi Registration # C- _____

Beginning and ending dates of campaign:

Final report ____ YES ____ NO

1. REVENUE

Total Contributions received.....\$ _____

Other Receipts (Example: corporate sponsorship, ticket sales,
advertising sales):

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Total Other Receipts.....\$ _____

TOTAL REVENUE\$ _____

2. EXPENSES

Management

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Total Management Expenses.....\$ _____

Operating Expenses

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Total Operating Expenses.....\$ _____

Other Expenses

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Total Other Expenses.....\$ _____

TOTAL EXPENSES.....\$ _____

AMOUNT RETAINED BY CHARITABLE ORGANIZATION.....\$ _____

I/we certify that the information furnished in this summary and all supplemental forms, documents, and continuation sheets is true and correct.

SIGNATURE OF AUTHORIZED OFFICER OF PROFESSIONAL FUND-RAISER DATE

TYPED (or printed) NAME AND TITLE

NOTARY SEAL

Sworn to and subscribed before me
this the _____ day of _____, 20____.

NOTARY PUBLIC

SIGNATURE OF AUTHORIZED OFFICER OF CHARITABLE ORGANIZATION DATE

TYPED (or printed) NAME AND TITLE

NOTARY SEAL

Sworn to and subscribed before me
this the _____ day of _____, 20____.

NOTARY PUBLIC